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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/628,793
	Filing Date	July 28, 2003
	First Named Inventor	Robert Metzger
	Art Unit	3733
	Examiner Name	Anu Ramana
Total Number of Pages in This Submission	Attorney Docket Number	5490-000332

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return postcard.</b>		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Richard W. Warner	Reg. No. 38,043
Signature			
Date	April 14, 2006		

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Richard W. Warner	Express Mail Label No.	EV 853 856 065 US (4/14/2006)
Signature		Date	April 14, 2006

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EV 853 856 065 US



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/628,793  
Filing Date: July 28, 2003  
Applicant: Robert Metzger  
Group Art Unit: 3733  
Examiner: Anu Ramana  
Title: METHOD AND APPARATUS FOR MINIMALLY  
INVASIVE DISTAL FEMORAL RESECTION  
Attorney Docket: 5490-000332

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

In response to the Restriction Requirement dated March 31, 2006, for which the time period to respond extends to April 31, 2006, Applicant elects the invention of Group III (Claims 18-22 and 27-32) with traverse.

Please also amend the application as follows and consider the remarks set forth below.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 10 of this paper.